In re: Vincent Cedric Colnot
Case: P1985   Application No.: 10/696,651   Filing date: 10/30/2003
Art Unit: 2182   Examiner: Scott C. Sun
Subject: Secure Memory Device for Smart Cards with a Modem Interface

Certificate of Transmission under 37 CFR 1.8

Attention: Scott C. Sun , Examiner

Fax No.: (571) 273-8300

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office

on _03/05/2007_____ .

Date

_____
Signature

Patricia Lambuth
_____
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Total Sheets Transmitted - 12

1. Amendment Transmittal - 1 sheet
2. Duplicate Amendment Transmittal - 1 sheet
3. Response F - 9 sheets
4. Certificate of Transmission - 1 sheet

Please call (831) 768-1755 if you have any questions.

Method of Transmission: Facsimile   CASE DOCKET NO.   P1985

In reference to application of   Vincent Cedric Colnot

Serial No. 10/696,651

For Secure Memory Device for Smart Cards with a Modem Interface

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

☑ No additional fee is required.
☑ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****

(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	26	Minus	** 28	0	$ 25	$ 50	$ 0.00
Indep Claims	2	Minus	*** 3	0	$ 100	$ 200	$ 0.00
☐ First presentation of a multiple dependent claim					$ 0	$ 0	$ 0.00
☐ Terminal Disclaimer Fees							$ 0.00
Extension Fee	☐ 1st Month		☐ 2nd Month		☐ 3rd Month		$ 0.00
Total additional for claims, time extensions and disclaimer fees							$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.
*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.
**** Multiple dependencies, if any, included in the above calculation.
* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of _____ 0.00 _____ is attached.

☐ Charge $ _____ 0.00 _____ to deposit account _____ 50-0534 _____ . (A duplicate of this sheet is enclosed)

☑ Please charge any additional fees or credit overpayment to Deposit Account _____ 50-0534 _____ . A duplicate of this sheet is enclosed.

Respectfully Submitted, _/Donald R. Boys/_____

Donald R. Boys
Reg. No. 35074

Central Coast Patent Agency, Inc.
3 Hangar Way, Suite D
Watsonville, CA 95076
(831) 768-1755

Method of Transmission: Facsimile   CASE DOCKET NO.   P1985

In reference to application of Vincent Cedric Colnot

Serial No. 10/696,651

For Secure Memory Device for Smart Cards with a Modem Interface

Sir:
Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

☑ No additional fee is required.
☑ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	26	Minus	** 28	0	$ 25	$ 50	$ 0.00
Indep Claims	2	Minus	*** 3	0	$ 100	$ 200	$ 0.00
☐ First presentation of a multiple dependent claim					$ 0	$ 0	$ 0.00
☐ Terminal Disclaimer Fees							$ 0.00
Extension Fee		☐ 1st Month		☐ 2nd Month		☐ 3rd Month	$ 0.00
Total additional for claims, time extensions and disclaimer fees							$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.
*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.
**** Multiple dependencies, if any, included in the above calculation.
* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☐ A check in the amount of ___0.00___ is attached.

☐ Charge $ ___0.00___ to deposit account ___50-0534___ . (A duplicate of this sheet is enclosed)

☑ Please charge any additional fees or credit overpayment to Deposit Account ___50-0534___ . A duplicate of this sheet is enclosed.

Respectfully Submitted, __/Donald R. Boys/__
                                          Donald R. Boys
                                          Reg. No. 35074

Central Coast Patent Agency, Inc.
3 Hangar Way, Suite D
Watsonville, CA 95076
(831) 768-1755

COPY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 2182   Examiner: Sun, Scott C.

In Re:	Vincent Cedric Colnot
Case:	P1985
Serial No.:	10/696,651
Filed:	10/30/2003
Subject:	Secure Memory Device for Smart Cards with a Modem Interface

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Response D